

## 2015/16 QIP Indicator Specification – Long-Term Care Resident Experience

### ADDENDUM

*The following recommendations were developed by Health Quality Ontario (HQO) in consultation with a working group which included representatives of: the Ministry of Health & Long-Term Care, the Ontario Association of Non-Profit Homes & Services for Seniors, the Ontario Long-Term Care Association, the Ontario Association of Residents' Councils, and the Family Council Program.*

*Note: this content is not considered to be legal advice or an interpretation of the Long-Term Care Homes Act, 2007.*

#### Process Recommendations

To promote inclusiveness, it is recommended that all residents capable of responding to survey questions are invited to participate in resident surveys.<sup>1</sup> Participation is *voluntary*, but homes are encouraged to offer multiple opportunities to complete the survey when a resident refuses to participate.<sup>2</sup> Responses to the recommended questions may be collected over a number of interview sessions if the resident does not complete the questions in one sitting, so long as it is collected within the reporting period.

- If a resident is unable to respond to questions (e.g., due to cognitive impairment), it is recommended that the home refer to the specifications provided by the specific survey tool being used (e.g., interRAI)
- It is recommended to homes do **not** ask family members or frequent visitors to respond on behalf of the resident.<sup>3</sup>
- Homes should **not** use family member or frequent visitor survey data in the resident experience QIP indicator. If the LTC home wishes to use family member or frequent visitor survey data in their QIP this can be included by adding it as a new indicator.
- It is recommended that the survey be conducted by an interviewer who is not part of the resident's direct care team.<sup>2,4</sup> This will create an environment in which the resident feels safe to answer the questions as honestly as possible. Interviewers may offer residents the option to complete the survey by themselves.
- It is recommended that interviewers check with the resident about their preferred place to be interviewed. A private interview space should be offered to the resident.
- As interview-administered surveys are recommended, all complete surveys should be treated as confidential information and handled according to privacy standards.
- Surveys that collect information on organizational compliance (e.g. RQI) do **not** completely capture resident experience outcome measures, as the objectives for each survey are different. If your long-term care home is utilising RQI's questionnaire to measure resident experience, consider augmenting it with the QIP questions outlined in the [Indicator Specification Document](#).
- All homes are reminded that it is good practice to reassure the respondent that their answers, their participation, or their refusal to participate will have no impact on their care.<sup>5</sup>

#### Recommended Inclusion criteria:

- Long-term care residents who have been staying in the home continuously for at least three months during the reporting period (April 2014-March 2015 or most recent 12 month period).

#### Recommended Exclusion criteria:

- Long-term care residents who have declined to be interviewed.

---

<sup>1</sup> NHCAHPS: Understanding the Evolution of the Resident Experience. Retrieved from: <http://www.nationalresearch.ca/products-and-solutions/cahps/nhcahps/>

<sup>2</sup> Faye Schmidt, Ph.D., Schmidt and Carbol Consulting Group, Inc. 2014-07-08 Presentation to the LTC Inter-jurisdiction Working Group

<sup>3</sup> Stodel, E. (2007). Measuring Resident Satisfaction *Long Term Care Magazine*

17(2) <http://ltctoolkit.mao.ca/sites/ltc/files/resources/CCCare/AssessTool/ToolsPracticalSolutionsMantrexArticle.pdf>

<sup>4</sup> Surveys and guidance, CAHPS Retrieved from: <https://cahps.ahrq.gov/surveys-guidance/index.html>

<sup>5</sup> CAHPS® Nursing Home Survey: Long-Stay Resident Instrument. Retrieved from: [https://cahps.ahrq.gov/surveys-guidance/survey4.0-docs/1651a\\_nhlongstayeng.pdf](https://cahps.ahrq.gov/surveys-guidance/survey4.0-docs/1651a_nhlongstayeng.pdf)

## 2015/16 QIP Indicator Specification – Emergency Department Visits

### ADDENDUM

This indicator shows the rate of Ontario emergency department visits made by long-term care residents due to ambulatory care-sensitive conditions.

An ambulatory care-sensitive condition is one that could possibly be avoided if the underlying cause is effectively managed earlier on.

After reviewing your data, your home may choose to work on some or all of the conditions listed for the potentially avoidable emergency department visits - contingent upon the areas your home plans to focus on for improvement in 2015/16.

For a list of the 17 conditions listed for the potentially avoidable emergency department visits - please review page 25 of the [Indicator Specification document](#).

## QIPS 2015/16 Indicator Specification: Potentially Inappropriate Use of Antipsychotics in Long-Term Care

### ADDENDUM

In November 2014, interRAI announced a change in the calculation for the quality indicator “Potentially Inappropriate Use of Antipsychotics in Long-Term Care”, stating that residents with delusions should be part of the exclusion criteria for this indicator. This change to the methodology will be reflected in the QIP indicator for the 2015/16 submissions, and will be incorporated in CIHI eReports starting with the Q2 reports.

The new definition will be as follows: The percentage of residents on antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to also include those experiencing delusions.

According to CIHI, most homes will see an improvement in their scores for the Antipsychotic QI following this change. Due to this change, please do **not** compare Antipsychotic QI results from the Q2 (and onward) reports to any **static** results you may have previously saved outside the eReports application.